



GILA RIVER INDIAN COMMUNITY
Tribal Employment Rights Office
Employer Request Form

Project & Location: _____ **Date:** _____
General: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Office Phone: _____ **Cell:** _____ **Fax #:** _____
Contact Person: _____ **Phone Number:** _____ **Email:** _____

EMPLOYMENT POSITION

Employment Position: _____ Number of Positions: _____

Estimated Start Date: _____ Estimated Completion Date: _____

QUALIFICATION FOR EMPLOYMENT POSITION

List All Qualifications: _____

SALARY PER HOUR AND PAYROLL SCHEDULE

Employee will be paid:
\$ _____ Per Hour _____ Salary Amount Depending on Experience

Employee will receive a payroll check for the amount of hours worked:

____ Daily ____ Weekly ____ Bi-Weekly

TIME, DATE, & LOCATION TO REPORT

Application process: _____

Report Time: _____ A.M./P.M. Report Date: _____

Reporting Address: _____

City: _____ Phone #: _____

Contact Person: _____ Title: _____

Special Instructions: _____

